

Newsletter no 2: Autumn 1989

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Editorial : The need for action on nutritional claims

This summer, the Ministry of Agriculture, Fisheries and Food announced it was mounting a 'crackdown' on misleading nutritional claims on food labelling and in advertising following recommendations from the Food Advisory Committee.

The then Minister of Agriculture John Gummer said 'consumers must be fully protected from misleading claims', and so of course they should. But the report on which Mr Gummer proposed legislation was limited in scope, covering the kind of low salt/fat/sugar or high fibre type of claims made by food manufacturers and supermarket chains.

The proposed legislation is clearly needed. Some cheeses, promoted as being 'low' in fat actually contain 15 per cent fat by weight (and 28 per cent as a proportion of the calories). So the change whereby a cheese which has 15 rather than 30 per cent fat by weight will now have to be more correctly referred to as a 'reduced fat' cheese makes the true position clearer for the consumer, especially with the added nutritional information which food suppliers will have to supply on packets and in advertisements.

But the 'crackdown' is far too limited in scope, and applies to the supermarkets who in recent years have been falling over themselves to provide nutritional information for shoppers (admittedly using individual systems which make it difficult for consumers to make meaningful comparisons).

The commonest and most blatant misleading nutritional claims are those made for vitamin and mineral supplements and for substances like Royal Jelly. These products widely available in health food shops, high street chemists and elsewhere are claimed to alleviate all sorts of minor, and not so minor symptoms.

The claims are often made in free newspapers and leaflets a few feet away from the substances. If the same health claims were made on the packets themselves the products would be subject to the Medicines Act, and so would have to undergo clinical testing, and be subject to Department of Health control.

As it is they are completely unregulated, and as Duncan Campbell and the New Statesman have established in the case of germanium, can be dangerous.

Promotional claims of health-enhancing properties of 'health food' products should be subject to the Medicines Act. The present free-for-all places at best leads to consumers pounds on worst puts spending many millions of worthless supplements and at consumers lives in danger.

Mark Pownall

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Investigative journalist Duncan Campbell uncovers £20,000 health fraud

Investigative journalist and CAHF member Duncan Campbell has uncovered a health fraudster selling a costly white powder as a treatment for AIDS and ME.

With his assistant Nigel Townson, Mr Campbell described how 'inventor' Yves Gerard Delatte holds up 'Delta T' as a way of 'restoring immunity'. Their report, in the *New Statesman* of June 16 quotes AIDS specialist Dr Brian Gazzard who calls Delta T 'a load of old claptrap'.

Patients taking Delta T, a mixture of starch, milk powder and bacteria, are encouraged to eat a kilogram a month at the cost of around £1000 per year. Mr Campbell's report says.

The *New Statesman* investigation followed a phone call to CAHF from Mike Smith formerly a business manager with 'alternative health' company Symbiogenesis. Mr Smith described how Delatte had concocted a similar treatment called Symbion in a domestic kitchen.

Delatte had claimed that 37 British AIDS patients had become well after taking Delta T. But hospital AIDS specialist Dr Mick Connelly told the *New Statesman* that of five patients who have taken Delta T two were 'very ill' and a third was dead.

CAHF Comment:

In diseases like AIDS and ME where scientific medicine has little to offer at present, health fraudsters like Delatte offer an attractive sales pitch to desperately ill people.

Promotion of such untested treatments whether in books, magazines, newspapers, leaflets or verbally by shop assistants or those using unorthodox 'treatments' is a potentially fatal menace to the public.

The Campaign Against Health Fraud believes that claims of efficacy need to be tested in clinical trials. If adequate trials are not carried out, such claims mislead the public.

See also an apology to Duncan Campbell in [Newsletter 3](#)

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What the papers didn't say

Campbell demands apology for 'facile' offence

From: Duncan Campbell, associate editor, *New Statesman and Society*

To: Letters Editor, *Hospital Doctor*

I take exception to your recent comments about the Campaign Against Health Fraud (CAHF).

I have reported extensively on Aids research and treatment issues for *New Statesman and Society*, *New Scientist* and other periodicals, and recently exposed the activities of a registered medical practitioner who had charged patients thousands of pounds for a series of unethical and dangerous experiments in treating cancer, AIDS and leukaemia at a private London hospital (1).

The BMJ, in a subsequent editorial, has called this "the most flagrant case for years... of the selling of quack cures by doctors". The editors of the BMJ were also kind enough to invite me to comment for other doctors' benefit on the ethical implications of the case (2).

I found (and reported in the BMJ) that it was far from easy to get doctors to speak out against the quacks within the profession. I enthusiastically welcome the recent launch of CAHF and "Quackbusters". In the few weeks since they launched, I and others have already benefited immensely from their assistance in working to expose the many other charlatans who are preying on the vulnerable for commercial gain. I expect to publish and broadcast some of the results of these investigations in the next few weeks.

It surprised me that your magazine should have assumed that a campaign against health fraud would automatically be targeted against unregistered practitioners of so-called 'complementary medicine', and that it would leave alone the incompetent, the unethical and the unscrupulous among registered medical practitioners, pharmaceutical companies and vitamin pill salesmen and the like. This is not what is happening.

I also noted with distaste the concluding remark that "Quackbusters" would do for medicine what queerbashers do for homosexuals. As it happens, I am homosexual; and we do not regard our expectation of equality and social acceptance as being on a par with the social (non-) acceptance of criminals, psychopaths, child molesters - or quacks. It is entirely proper to stigmatise the unscrupulous in medicine (whether 'orthodox' or 'complementary') as "quacks". The comment was facile and offensive and you should apologise for that.

1. Campbell, D. Sharp Practice, *New Statesman and Society*, 7 April 1989
2. Editorial, British Medical Journal, 29 April 1989

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Campaign launches to wide media coverage

The Campaign Against Health Fraud was officially launched at a press conference in May. Caroline Richmond chaired a very successful morning attended by the medical correspondents of most of the national newspapers

as well as journalists form the specialist medical and health press.

Fears of 'wrecking tactics' from opponents of the campaign proved unfounded, and the attending journalists - nearly 30 in all - heard excellent presentations from CAHF president Nick Ross, and from Professors Michael Baum and John Garrow.

Professor Baum spoke about health fraud in cancer treatment based on his own experiences at King's College Hospital, and Professor Garrow took a stroll round a health food shop and described the claims made for some of the more absurd treatments such as claims that ginseng prolongs life.

The coverage resulting from the press conference was largely positive. *The Daily Mail* published a sympathetic piece by its medical correspondent Jenny Hope, headlined 'Seeing "quack" can be fatal, says professor', while *The Times*, *The Guardian* and *The Daily Telegraph* all carried similar stories.

Radio Four's *Today* programme reported the Campaign's concerns about private food allergy clinics and claims of mineral deficiency diagnosis from hair samples. Professor Vincent Marks was interviewed on LBC attacking worthless 'cancer treatments' which deterred people from having surgery that could have some benefit.

Sky News had a film of campaign president Nick Ross who told viewers: 'You can get an array of doctors in almost any field of medicine and find that most of them can reel off the top of their heads a dozen major areas of fraud where people are conning themselves and certainly conning ourselves.'

Sky's reporter Jackie Rowley, unlike other journalists, mentioned the Campaign's perilous financial position. She rounded off her report by saying: 'The campaign has been launched on a slender budget of private donations and subscriptions, but if the money runs short, the Quackbusters are convinced they won't run out of frauds to expose.'

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Book Review: The house journal for doc-bashers

According to a new doc-bashing magazine, this is the scene at an antenatal clinic:

A doctor is pressing Mrs Smith to have an ultrasound scan, knowing it may act like a time bomb and give her child leukaemia years later.

Mrs Smith suffers from multiple sclerosis, which is in remission due to a kind private doctor who put her on a diet that arrests the disease.

Meanwhile at the local health centre her zealous GP is pressing Mr Smith to take antibiotics for athlete's foot: Mr Smith would prefer to leave the surgery without a prescription.

The Smiths have two children already. Seven year old Jamie has been soiling for a year and has only just stopped, thanks to the dietary regimen prescribed by a holistic nutritional doctor, whom they saw privately.

He was 50 much better than the GP, a well meaning but bigoted and unholistic woman, who thought Jamie's behaviour was caused by jealousy of his new baby sister.

Fortunately the holistic doctor knew they were caused by antibiotics. He was, however, too late to prevent the children from receiving the standard childhood vaccinations, which can be lethal.

Dr Jones knows that antibiotics have caused potentially crippling side effects including liver disease and bone marrow inhibition, but says nothing. Her trade union has agreed these must not be broadcast. Anyway the Government licenses hundreds of drugs knowing the side effects are worse than the disease for which they are intended.

The Smiths would be horrified if they knew the truth about antibiotics. They also kill all the good bacteria in the gut, leaving the way open for *Candida albicans* and other yeasts and moulds that proliferate and send out toxins that inhibit the T-lymphocytes, the policeman of the immune system. This leaves the body prey to digestive or hormonal disorders, severe allergies, psoriasis, and even multiple sclerosis.

This scene is prompted by the sample issue of ***What doctors don't tell you***, a monthly newsletter edited by journalist Lynne McTaggart.

Ms McTaggart says that she is not anti doctors, and that this is not a magazine of alternative medicine. She was moved to launch WDDTY after a prolonged bout of candida and allergies, which drove her from one doctor to another.

She is against iatrogenic illness, the mindless overuse of drugs and surgery, and the rigidity and defensiveness of health professionals who refuse to consider diseases that are not in the medical textbooks.

Future issues will cover new tests and cures for *Candida albicans*, and the truth about childhood hyperactivity, amalgam fillings and the Pill.

WDDTY has a volunteer advisory panel of 'top medics', mostly clinical ecologists including 'the UK's foremost expert on nutritional medicine', the allergy and nutritional adviser to a premenstrual tension self help group, and a doctor who has arrested half his 2000 multiple sclerosis cases through diet.

It is available on subscription, and its eight A4 pages costs £39.95 for twelve issues. Those who subscribe now will get it for half this sum, with a Filofax-compatible guide to the adverse effects of drugs.

If WDDTY weans some people from demanding prescriptions from their doctors it will be doing a good job, albeit for the wrong reasons. Illness addicts and doctor shoppers will find it a treasure trove of misinformation and are unlikely to be deterred by the price.

The worried well could become worried sick. Following the kind of advice in this magazine is usually harmless and might even do the odd bit of good. Like avoiding the cracks in paving Stones, it may prevent the occasional trip, but only by making one totally neurotic.

What doctors don't tell you, 4 Wallace Road, London N1 2PG

This article originally appeared in the *British Medical Journal* in August 1989; By permission.

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Book review: Sex and the single hypochondriac

A disease so grievous, so common...

Hypochondria: woeful imaginings

By Susan Baur. Berkeley and Los Angeles, University of California Press 1988. ISBN 0-520-06107-1

Susan Baur has written a balanced, comprehensive and entertaining account into why apparently healthy people seem to want to believe they have serious diseases. Unlike the worried well, hypochondriacs get a payoff from illness. Baur states: 'Being sick, is one way of agreeing to be helpless'.

Hypochondriacs attract both the protection and attention they crave which binds their protector to them. Who could leave someone who is ill? They cause the protector trouble, a punishment for being so annoyingly indispensable. They also punish themselves for having hostile feelings towards their protector and themselves.

The patient substitutes illness, a blameless form of failure, for a sense of general worthlessness, and maintains the belief that they would be strong, independent and lovable if they were well.

The sick person is not expected to perform heavy physical work or taxing mental tasks. Social and sexual relations are also suspended. In addition, the ill are also exempt from standard levels of good behaviour and can regress into childishness. Other members of the household will take over the person's routine chores and will give them attention, reassurance, and special gifts of books, cards, flowers and luxury foods.

There are, of course, liabilities attached to being ill. A sick person is expected to want to get well and must accept the restriction of their illness, especially by seeking competent medical help.

However, there are ways round this. Some patients solicit so much advice, and from so many contradictory sources such as relatives, doctors, and health food staff, that they have a wide choice of regimens to select from. They give the impression of seeking attention rather than treatment, especially when the promiscuous solicitation of advice is followed by rejection of the proffered advice.

'Hypochondriacs frequently hold the distressing belief that doctors don't understand them', says Baur, 'and that a subtle mismatch of language and intentions is leading to petty annoyances and often permanent dislikes. They are right'.

American doctors nickname them 'gomers' (get out of my emergency room), 'turkeys' and 'crocks'. They have mock no-entry signs showing a debarred turkey, order tests called the 'serum porcelain count' and describe the consultation as an 'organ recital'. British doctors call them 'heartsink' patients.

Call them what you will, they violate every rule of good patienthood. Especially, they don't seem to wish their own health, which puts them on a collision course with their doctors. The doctor's self-esteem demands that he cures them, and the patient's consequent feelings of dislike and ineffectiveness make him worry that he is a nasty person and impotent healer.

Far from wanting reassurance, the patient hopes the doctor will find something physically wrong with him: a diagnosis of hypoglycaemia or gall bladder trouble is a source of profound relief - for a while.

They often also want a special personal relationship with the doctor.

Many hypochondriacs switch doctors frequently, solicit reassurance only to reject it, and demand complicated regimens with medicines and special diets that they then modify beyond recognition. Their weekly visits induce despair, hatred, punitive feelings, guilt and fatigue in their doctors.

Problem patients can be classified as dependent clingers, entitled demanders, and manipulative help-rejectors. Some maybe in collusion with problem doctors: dependent clingers may be encouraged by a doctor who is over-cautious or finds it easier to treat trivial physical symptoms rather than emotional problems.

Entitled demanders might be pushed into position by a doctor who suspects them of malingering. Successful management depends on the difficult task of encouraging the hypochondriac to take more responsibility for his or her own care.

Caroline Richmond

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Cancer : The legacy of quackery

Professor Michael Baum describes the horrific consequences when patients turn their backs on conventional cancer therapies and try unproven treatments

Over the last year or two I have had the dubious pleasure of having been able to witness the natural history of 'untreated' carcinoma of the breast. thanks to the activities of certain anonymous alternative practitioners working somewhere in South East London. The mammogram of a 57 year old woman taken at intervals separated by twelve months, demonstrated unequivocal evidence of cancer.

When faced with the diagnosis and the recommendation of at least a diagnostic biopsy, she took herself off to the friendly neighbourhood homoeopath who then prescribed a weird amalgam of homoeopathic remedies, acupuncture and "holistic diets".

A year later she brought herself back to cheek on the progress of her disease and to my dismay I noted that there was now a 3 cm lump. She eventually agreed to surgery when an invasive cancer was confirmed.

In addition to this anecdote, I have had referrals of middle-aged, middle-class women who have been in the hands of alternative practitioners for years, until they arrived in my clinic with huge ulcerated cancers and the invariable orange tinge to their skin resulting from excessive consumption of carrot juice.

Perhaps most sinister of all, I have had three patients who having developed back pain took themselves off to the nearest osteopath, who manipulated their spine without bothering to check with her conventional medical practitioners for a previous history of breast cancer.

What is alternative medicine ?

Many of the lay-public and sadly many qualified doctors assume that it is the treatment that is on offer which distinguishes alternative medicine from orthodox medical practice, and many of the lay-public assume that the medical profession refuses to use such tried and tested remedies, out of the pig-headed arrogance and hostility to any treatment that was developed outside of a closed shop of doctors.

Of course the crux of the matter lies in the meaning of 'proven remedy'. The demarcation between orthodox and alternative medicine lies not in the treatments themselves, but in the quality of their evaluation.

Common to many 'alternative' practices is the philosophy that dates back to Aristotle and remained unchallenged throughout the dark ages. This philosophical approach I describe as 'Conceptual rationalism', in which an all embracing hypothesis explains a disease and the hypothesis then suggests a therapeutic manoeuvre.

Patients are then subjected to this therapeutic manoeuvre and whatever the Outcome, the experience reinforces the hypothesis. For example therefore, if the patient appears to get better or fails to die within the prescribed six months, the treatment was clearly a success.

If the patient gets worse or dies, this would be reinterpreted as an example of how effective treatment can provoke an exacerbation of the disease, which has to get worse before it gets better or alternatively the patient came too late to benefit from the treatment because of the well-known conspiracy of the orthodox medical establishment to deny patients alternative therapy.

In contrast, orthodox medicine if it chooses to pride itself as being anything other than 'quackery', must be scientific. The characteristic feature of the scientific method is that scientists are prepared to expose all their

favoured hypotheses to the hazards of refutation.

In other words true scientists are intellectually honest. This does not mean that they lack imagination. The first step in the scientific method inevitably involves the construction of a hypothesis, which by its very nature is a creation of imaginative flair.

We recognise that it is always possible to corroborate pet hypotheses by inductive reasoning, seeking only the evidence that supports your ideas and ignoring or blinding yourselves to any contradictory data, but the medical scientist will design a clinical trial in such a way that his pet ideas and favoured treatments will often be demonstrated as either futile or actively harmful. It is only rarely that any of our ideas are robust enough when tested in this way, to be extrapolated into routine clinical practice.

I have witnessed and been partly responsible for, surgery being relegated to a minor role in the team approach to breast cancer. Yet only twenty years ago radical mastectomy for breast was the treatment of choice and the evidence supporting this could only be described as conceptual rationalism or faith.

Thus the hazards of faith masquerading as science are to be experienced both within the realms of orthodox as well as alternative medicine. Where the treatments on offer are non-invasive and non-toxic, as is mostly the case in complementary medicine (and providing the patient is not denied truly effective therapy), there is no real danger. However when the treatments on offer are mutilating and life-threatening, as may be the case in orthodox medicine, then the hazards of inductivism are self-evident.

What is holistic medicine?

Accepting all the above, I am sure that many readers like myself, have bitterly come to resent the hijacking of the idea of holism by complementary or alternative therapists. It is true that there are many doctors who are not good at their job or who have been inadequately trained, or who fail to handle their patients in an holistic manner.

But it is sheer nonsense to say that conventional medicine is not holistic in its outlook in both the biological and psychological spheres, and at their psychosomatic interface.

The ideas of holism described by our complementary colleagues are completely metaphysical and relate to some as yet undiscovered, and for all we know non-existent natural life force. In orthodox medicine, Concepts of holism are based on well defined neuro-endocrine pathways which are known to link the psyche and the soma.

Furthermore we can recognise, measure and manipulate the chemical, hormonal and cellular messages that pass throughout the body linking cell to cell and organ to organ forming a beautiful hierarchical system.

The answer therefore to critics is to reinforce the message of holism within orthodox medicine, and not send our patients to the west country for coffee enemas, massage and bizarre diets.

Proponents of alternative medicine are often fond of invoking the wisdom of the ancient oriental sages, and for reasons that I find obscure, favour ancient wisdom more than contemporary scientific discovery.

Perhaps I could win more support with the lay-public therefore by quoting the ancient wisdom of an oriental sage in support of the motives of the Campaign Against Health Fraud. Lao Tzu once observed 'truthful words are not beautiful, beautiful words are not truthful, good words are not persuasive, persuasive words are not good, he who knows has no wide learning, he who has wide learning does not know'.

What better expression of modern scientific philosophy could be written and what better explanation could you seek for the current popular obsession with alternative forms of health care?

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